**REQUEST FOR INFORMATION (RFI)**
**IN THE FORM OF WRITTEN AND VENDOR DEMONSTRATIONS**
**BY THE**
**STATE OF TENNESSEE**
**Department of Finance and Administration**
**RFI Number: 31701-19136**

**ON BEHALF OF THE STATES OF:**
**ALABAMA, CALIFORNIA, COLORADO, GEORGIA, MAINE, MISSOURI, NEW YORK**
**(DEPARTMENT OF HEALTH AND THE NEW YORK EHEALTH COLLABORATIVE), NORTH**
**CAROLINA, AND SOUTH CAROLINA**

**REGARDING ENTERPRISE MEDICATION MANAGEMENT SERVICES**

**June 17, 2010**

**Timeline Overview:**
- Vendors may submit written questions to the Tennessee Office of eHealth Initiatives until 5:00 p.m. Central Time June 28, 2010
- Answers to written vendor questions will be posted on the Tennessee Office of eHealth Initiatives website (http://www.tennesseeanytime.org/ehealth/) by 5:00 p.m. Central Time July 1, 2010
- RFI responses are due by 5:00 p.m. Central Time July 12, 2010

See Section E for more detailed instructions on submission


**A.      STATEMENT OF INTENT:**

The State of Tennessee Department of Finance and Administration, Office of eHealth Initiatives (OEHI), issues this Request for Information on behalf of the states named above for the purpose of conducting market research regarding enterprise medication management technologies and services from industry leaders and top performers (see appendix for list of lead representatives from each participating state). These services will be offered statewide among our states to providers through coordinated access. Information provided will assist our States in understanding the current state of the marketplace, including commercial/government best practices, industry capabilities, innovative delivery approaches, commercial market service levels, and performance strategies and measures.

This market research is not a competition. The information obtained from submitted written responses and/or oral presentations will be used only to improve the States' knowledge of private industry's capabilities. No evaluation of participating vendors will occur and your participation is not a promise of future business with any participating State. Responding or not responding to this RFI does not preclude the vendor from bidding on any future solicitations. Any pricing information provided in your information packet must meet the strict guidelines outlined in C.14.

Information obtained through this RFI will be shared among participating states to encourage complimentary development of services across multiple states. Entities responding to this RFI should be aware that information they provide will be subject to the public records laws of each state. The Tennessee Public Records Act, for example, requires disclosure of State records unless there is a specific exception in State or Federal law. As we specify in C.14 we are not seeking pricing information regarding

individual solution capabilities.  In addition, the States reserve the right to amend, extend, or re-release this RFI.

After reviewing the information obtained through this RFI, each participating State will determine its own next steps, including whether and how to pursue a procurement process.

The States appreciate your cooperation and look forward to a very meaningful, productive, and collaborative market research effort.


**B.**     <u>**BACKGROUND**</u>**:**

The States are considering offering several enterprise services through existing and contemplated statewide health information exchange (HIE) to assist medical providers in complying with the meaningful use criteria developed by the U.S. Department of Health and Human Services.  Among these services the States are specifically interested in gauging the need for and ability for vendor(s) to provide a medication management solution that offers medication retrieval and aggregation of prescription (new, refills, etc.) information from identified sources (e.g. private e-prescribing networks, medication management hubs, pharmacies, hospitals, others) to medical providers, including pharmacists.  Further, the States are considering whether this enterprise medication management solution should include one or both of the following services: (1) medication history, including analytical services and medication reconciliation, and (2) e-prescribing support, including prescription management, eligibility, and formulary information.  See Section C for more specific desired capabilities for both of these services.

Medication management is an increasingly important part of health care, especially for those with chronic conditions and co-morbidities.  It is relevant at almost every point of care, from primary to specialist to acute care and back.  Ready access to aggregated, reconciled medication information has the potential to significantly reduce errors and enhance treatment effectiveness; more than half of patients experience one or more unintended medication discrepancies at hospital admission.  Today the most promising medication management approach is still the "brown bag" method: ask the patient to bring every medication they have in a brown bag and attempt to reconcile through an interview at the encounter.  Some information is now available from claims data or retail fill data, but it is not integrated and often has errors or is difficult to interpret.  Claims data have latency issues and retail data only capture prescriptions filled in network, missing important sources such as samples and low-priced generics often paid for out-of-pocket. Over the Counter (OTC) medications, both non-prescription and previously prescribed (e.g. Prilosec), are also missing.  Inpatient medication is also not integrated, though it is now more often available through Admission, Discharge, and Transfer (ADT) messages. Further, once these sources become available, new issues arise such as duplicate entries, inability to distinguish episodic vs. long-term therapy, data deluge if all records are returned in raw form, etc. Ultimately, creating a robust medication management platform is a challenging process.  The lack of such a platform, though, impedes the move towards integrated care and poses even larger challenges to improving the quality of health care.

Ideally, there would be a platform that would:

- Connect to all sources of information

- Facilitate e-prescribing and refill requests

- Provide decision support

- Analyze the raw data to provide a clean, comprehensive stream of information, including normalization of terminology, taking out duplicates, etc.

- Enable access to this information through standardized interfaces

- Easily add new sources of information

- Provide aggregate analysis of de-identified data to support integrated care and public health: trends by medication, condition, or geography; re-identification for public health issues such as surveillance, etc.

For this market research, a special emphasis is placed on determining whether it is feasible and/or appropriate for the States to provide an enterprise medication management solution as well as what capabilities such a solution should/could include. We are also interested in exploring business models that would result in a financially sustainable solution. We believe this information will dramatically improve the quality of a possible forthcoming acquisition among our States, inclusive of the solicitation and resulting contract.

The States will consider all service approaches and highly encourage vendors to participate is this market research effort.

## C.     REQUESTED RFI RESPONSES:

**General Note on RFI Responses:**

The specific solution capabilities discussed in this RFI describe an ideal system and may or may not be realistic given current technology and levels of connectivity. In addition, electronic health records (EHRs), HIEs, and possibly other platforms may be more appropriate vehicles for providing these solution capabilities. The States are interested in your perspective on the roles these various vehicles can and should play. In responding to the inquiries below, the States welcome your comments regarding the reasonability of offering the described capabilities (currently and in the next several months/years) as well as whether a vehicle other than an enterprise medication management service would be more appropriate to provide the solution capability.

## C.1.    Vendor Point of Contact and RFI Response Labeling

Please provide your point of contact for this RFI response. List the following for the contact:

a.  Name
b.  Address
c.  Phone number
d.  Fax number
e.  Email address

Also, please clearly label the response document with the responding vendor's name, and include the vendor name and a page number in the footer on each page of the response.

**C.2.    Summary of Capabilities**

The States recognize that the development and implementation of an enterprise medication management is complex and may require multiple partners.

RFI Inquiry 1: Please provide a brief summary of the medication management capabilities your firm is currently able to offer.  Considering the capabilities listed in Section C, please indicate whether your firm could provide all of these services, would require the inclusion of additional partners to provide all of these services, and, if so, whether your firm has a formal relationship with these partners. Please include in your summary a description of your firm's pharmacy management systems and current and potential connectivity to pharmacies, PBMs, etc. (i.e. describe your network) as well as to existing EHR products.

**C.3.    Medication History and Analysis**

The States are considering whether to include medication history and analytical capabilities as part of an enterprise medication management solution.  The States are curious whether such a service can be effectively provided given the current landscape of technology, connectivity, availability of and access to data, etc.  In addition, the States would like to know the extent to which new technology, processes, etc. are required to provide the following capabilities.

RFI Inquiry 2: Please describe your firm's ability to provide the following capabilities.  If your firm currently does not provide a capability, please discuss what steps are needed to effectively provide the capability.  Also, if there are additional capabilities that you believe should be included that are not listed below, list and describe the extent to which your firm can provide them.

a)  Medication data cleansing (e.g. de-duplication and patient identification)

b)  Patient matching

c)  Medication reconciliation (e.g. reconciling patient's actual intake with his or her electronic medical record)

d)  Connection to identified sources to retrieve and aggregate medication history data at the point of care

e)  Ability to present the following information on each prescription:
    (1)    Name of Medication
    (2)    Strength and dosage form
    (3)    Instructions
    (4)    Quantity dispensed
    (5)    Prescribing provider
    (6)    Most recent fill date
    (7)    Brand or generic
    (8)    Co-pay or co-insurance paid amount
    (9)    Source of data in medication history (e.g. private e-prescribing networks, others)
    (10)  Linked diagnosis to the medication (if available)
    (11)  Medication allergies and adverse reactions
    (12)  Number of refills
    (13)  Standard prescription elements

f) Analytic services for point of care and public health purposes, including ability to characterize medications as episodic or chronic, longitudinal support (trending, alarms, aggregate trends for public health), etc.

g) Ability to capture medication dispensed but not billed to a third party (e.g. medication given at no charge to a charity care patient in a clinic/inpatient setting, at hospital discharge, or in a retail setting)

h) Bidirectional interface with personal health records (e.g. Google Health, Microsoft HealthVault) and incorporation of OTC, herbal, and other elements defined as "food" by the FDA

i) Ability to report medications that fall below a particular price point (e.g. $5) that are likely to be paid for out of pocket, and/or that include samples given in a medical provider setting

j) Ability for a provider to manually enter annotated information into a patient's medication history, including:

    (1) OTC and herbal elements (e.g. low dose aspirin)
    (2) Medication allergies

k) Ability to withhold "opt-out" or restricted information from the history transmission or database if required (e.g. HIV/AIDS or behavioral health medications).

l) Other services that would enhance the medication history and analysis functionality of the enterprise medication management solution

## C.4. e-Prescribing Support

The final meaningful use criteria promulgated by the U.S. Department of Health and Human Services are likely to emphasize e-prescribing.  Consequently, the States are considering whether an e-prescribing facilitation service makes sense to provide as an enterprise solution.

RFI Inquiry 3: Please indicate whether, in your opinion, it is advisable for a State to offer an enterprise solution that facilitates e-prescribing by providing the capabilities listed below and why.  Also, describe the extent to which your firm can provide these capabilities.  If there are additional capabilities that you would consider integral to facilitating e-prescribing adoption and use, list and describe to what extent your firm can provide them.

a) Connection to identified sources to easily retrieve and aggregate medication history, formulary, and eligibility data at the point of care

b) Ability for a medical provider to send and receive a prescription from a pharmacy, including two-factor authentication for controlled substances.

c) Ability to report refills requested by patients and refills fulfilled

d) Ability for a medical provider to positively acknowledge the recognized receipt of a prescription by a pharmacy (e.g. tracking and reporting process for each prescription)

e) Standardized audit capabilities and issue resolution (e.g. to resolve issues associated with (d) above)

f) Ability to trigger alerts for various events, including drug interactions, failure by patient to fill prescription, medication allergies, etc.

g) Global communication with patient portal, including ability for patients to request refills, pharmacies to message/email/text patients regarding refills, etc.

h) Global communication between the pharmacy and the provider to request prescription clarifications, quantity changes, suggest formulary alternatives or request prior authorization information.

i) Ability to support full e-prescribing functionality between providers and mail order pharmacies.

j) Ability to support the required e-prescribing functionality outlined in the Drug Enforcement Administration (DEA) Interim Final Rule with Request for Comment (IFC) for e-Prescribing of Controlled Substance, including:

   (1)  Identity proofing
   (2)  Access control
   (3)  Two-factor authentication
   (4)  Creating the prescription
   (5)  Signing and transmitting the prescription
   (6)  Public Key Infrastructure (PKI)
   (7)  Transmission
   (8)  Monthly logs
   (9)  Internal audit trails
   (10) Pharmacy signature
   (11) Third-party audits
   (12) Recordkeeping

k) Other services that would enhance the e-prescribing functionality of the enterprise medication management solution

**C.5.  Master Provider and Pharmacy Directory for Electronic Data Interchange**
The ability to successfully and accurately exchange data requires the development and ongoing maintenance of master directories for both medical providers and pharmacies.

RFI Inquiry 4:  Please describe your firm's ability and processes to ensure the most accurate and up-to-date information regarding:

a) Enrollment of providers and pharmacies (single enrollment through portal, mass enrollment available, etc.)

b) Methodology for maintenance of a unique list with only maintaining a high quality provider directory with unique provider entries, management of multiple practice locations, and management of routing preferences

c) Methodology for "matching" provider and pharmacy directories with e-prescribing POC vendors and pharmacy management systems (e.g. certification, verification, validation, etc.)

d) Ability for the public to look up information in the directories

e) Ability for the Provider Directory to be used for other HIE purposes, such as lab, radiology, or CCD exchange

**C.6.    Value Added Services**

The potential for an enterprise medication management solution to reduce errors and increase efficiency is great.  However, much of this potential rests on the design and intuitiveness of the solution's user interface.

RFI Inquiry 5: Please describe your firm's ability to include the following capabilities in the solution and list additional capabilities that you think would be beneficial to a State and a medical provider user:

a)   User-friendly interface to make data understandable (e.g. dashboard – if possible, the State would appreciate screen shots of mock up dashboards)

b)   Decision support (e.g. drug interactions, evidence-based suggestions, alerts for patient and provider, integration into health care home models, etc.)

c)   Telemedicine to link remote locations

d)   Additional medical data such as lab orders and results

e)   Interface social software and light-weight tools that promote collaboration between patients, their caregivers, medical professionals, and other stakeholders in health (tools commonly known as Health 2.0)

f)   Biosurveillance support for public health

g)   Disaster planning and emergency preparedness (e.g. support for H1N1 and seasonal flu vaccine planning and distribution)

h)   Other services that would enhance the value of the enterprise medication management solution

**C.7.    Adoption Assistance and Performance Metrics**

Ensuring that medical providers have the training to integrate the medication management solution into their practice work flow is critical to successful adoption of the technology.  The States believe that it is important for vendors to be able to provide technical and/or clinically-based training to medical providers.  In addition, the States desire to track the adoption of e-prescribing and medication history analysis at a granular level to assist and reward medical providers as appropriate.

RFI Inquiry 6: Please describe your firm's ability to:

a)   Offer training in both a clinical and pharmacy setting

b)   Offer education/awareness programs regarding adoption of medication history and e-prescribing services (e.g. encouraging patients to ask their doctors to e-prescribe)

c)   Collaborate with EHR vendors to remediate/reconcile issues as they arise

d)   Foster adoption through community-based programs geared towards improving cooperation among stakeholders, including medical providers, pharmacies, data sources, government, etc.

    e)   Ensure that participating medical providers are meeting meaningful use criteria

    f)   Determine actual, auditable adoption rate of e-prescribing by physician and pharmacy

    g)   Report on the utilization of medication history components in summary and by medical provider

    h)   Provide other services that would assist with the adoption of the enterprise medication management solution

## C.8. Solution Performance Criteria and Troubleshooting

Gauging the technical performance of the enterprise medication management solution is important for ongoing troubleshooting and system improvement. The States are very interested in approaches to measure and improve the solution's performance, including the quality of network connections, messaging, response time, etc.

RFI Inquiry 7: Please describe what metrics your firm would use to measure the solution's technical performance and give some examples of action plans to improve poorly performing areas, including issue tracking, escalation process, and root cause analysis.

## C.9. Technology Standards

Standardization of technology is highly important for systematizing services across multiple contexts. The States are interested to know the variability of coding and transactional standardization among vendors, plans for improvement over time, and the types of transactions that are supported.

RFI Inquiry 8: Please list and describe:

a)   The types of transactions you support

b)   The coding and transactional technology standards your products follow, including but not limited to National Council for Prescription Drug Programs (NCPDP), Health Level Seven (HL7), Continuity of Care Document/Architecture (CCD/CCA), and RxNorm; please also include expected standards your products will follow in the next six months if different than above

## C.10. Identification, Storage and Portability of Drug Therapy Problems (DTPs)

Medication data should go beyond a simple list or "regimen" of medications. It should tell a "drug use" story, interlacing information from patient experiences, beliefs and actual drug taking behavior. Just as a provider might maintain and update the "medication list", the enterprise system should allow patients and providers alike to identify, store, and transport DTPs in and across the enterprise medication management system to other providers and, where feasible, the patients themselves.

RFI Inquiry 9: Please discuss either current or planned capabilities that would allow for "layered" drug information that maintains both drug and associated information and DTPs. How would the system deal with a drug prescribed and never filled? How is that record persisted? Are there attributes given to that record that allow front-end applications to triage and manage that record appropriately for the front-end user?

**C.11. Roles Definition and Management**

As stated earlier in this RFI, gathering comprehensive, longitudinal, and actionable medication information requires multiple touch points, skill sets, and settings. There are many contributing voices. Nurses, pharmacists and other allied health providers will need to both pull from and contribute to the enterprise system whether in hospital, nursing facility, clinic, pharmacy or place of patient residence.

RFI Inquiry 10: How will the medication management enterprise system manage roles and credentialing? Will the system sufficiently identify source, credentials, titles, timing of information retrieved and contributed by front-end users?

**C.12. Interoperability, Branding, and Dependence on Non-Native Front-End Applications**

There is both a business case and a technological need for any multi-state enterprise system to be interoperable with existing and emerging medication management systems. The enterprise system should be able to interact freely with other enterprise systems, whether state, network, region, or locally sponsored and operated.

RFI Inquiry 11: What are the processes and requirements for passing information from the proposed enterprise system to other enterprise system? Would the multi-stake system allow local branding and use of "in-house" front end-applications? How would the multi-state enterprise system handle requests for additional or alterations of existing data fields?

**C.13. Immunizations**

Quite often, immunization records are thought of as a separate and set aside information set. However, immunization records are actually quite similar to medication records in their deficiencies and opportunities. For instance, knowing whether or not a flu shot (or other immunization) has been administered is germane to the all of the above requested "touch points" and suffers from the same sets of data sourcing and management challenges and medication lists.

RFI Inquiry 12: Would the enterprise system allow for an immunization registry? Would the registry follow the same "layered" information and touch points and contributors? (i.e. hospitals, clinics, pharmacies, home helath, and the patients themselves? Would the system sufficiently identify source, credentials, titles, timing of immunization information retrieved and contributed by front-end users?

**C.14. Pricing, Financial Sustainability, Business Model**

In order to properly plan and budget, it is important for the States to have some idea of the potential cost of establishing and maintaining an enterprise medication management solution. However, it is not appropriate during an RFI process for the States to solicit specific pricing information. Therefore, in response to this RFI, the vendor must **NOT** provide any pricing information regarding individual solution capabilities listed in this RFI. Instead, the vendor should provide an estimated range of total costs. In addition to general pricing information, the States are very interested in developing a solution that can exist largely, if not entirely, on self-generating revenue. A business model that supports ongoing operation and improvement of the solution is highly valued by the States.

RFI Inquiry 13: Please provide a summary estimate of the annual costs associated with providing an enterprise medication management solution based upon the solution capabilities listed in this RFI. This cost should be reported as a single, estimated annual

low-to-high cost range.  In addition, describe possible business models that would support the establishment and continued development of the solution, including transaction-based models, capped transaction-based models, subscription/fee-based models, etc.  The States are interested in learning more about any and all types of approaches.

**C.15.  Additional Information**

The States' ultimate goal in this RFI is to determine the best approach to support meaningful use by medical providers of medication management technology.  The States are also interested in learning about possible approaches not addressed, either directly or indirectly, by this RFI.

RFI Inquiry 14: Please discuss any additional thoughts you may have regarding the merits of an enterprise medication management solution, what capabilities it should have, and alternative means you might recommend to accomplish the State's goal of supporting meaningful use.

**D.  Information Specific to EACH PARTICIPATING STATE (Requiring a Separate Response for Each State)**

Vendors' available data sources, levels of connectivity, and barriers to adoption may have regional/state variation.  The States are interested in receiving information specific to each state on these issues.  Please submit a response for each State listed on this RFI that address the following questions.

**D.1.  Data Sources**

Medication data are currently spread across various connected and unconnected platforms.  A robust enterprise medication management solution will need to access multiple data sources at the outset and plan for the inclusion of additional data sources over time.

RFI Inquiry 15 (State-Specific): Please describe the data sources to which your firm currently has access, including the type of access (e.g. ownership; contract or MOU, including basic terms; etc.) and the source of the data (e.g. claims, retail, or clinical information).  Also, please describe your firm's ability to connect to additional data sources, what those data sources might be, and how your firm would connect to them.

**D.2.  Connectivity**

In order to facilitate meaningful use of EHRs and e-prescribing, a medication management solution will need to connect to a statewide core services and local health information organizations to relay information among providers and public health registries.

RFI Inquiry 16 (State-Specific): Please describe the level to which your firm could connect to statewide HIE services and local health information organizations to:

  a)  Integrate with existing HIE and ability to connect to contemplated HIE services discussed in the State's HIE Strategic Plan available at:

Alabama:
http://www.medicaid.alabama.gov/documents/Transformation-TFQ-Documents/HIE_Initiatives/ONC_Application/Ala_Strategic_ONC_Initial_Review_5_7_2010.pdf

California:
http://www.ehealth.ca.gov/eHealthPlan/tabid/72/Default.aspx.

Colorado:
http://www.corhio.org/ARRA/ColoradoStateHealthInformationExchangeStrategicPlan.pdf

Georgia:
http://dch.georgia.gov/vgn/images/portal/cit_1210/46/9/108304999HITT_Strategic_Plan.pdf

Maine:
http://www.unh.edu/chi/media/Reports/2009StrategicPlan_Web.pdf

Missouri:
http://www.dss.mo.gov/hie/action/pdf2010/draft-strategic-plan.pdf

New York:
http://www.health.state.ny.us/funding/rfa/0903160302/health_it_strategic_plan.pdf

North Carolina:
http://www.ncrecovery.gov/news/UploadedFiles/f5f85887-e0e0-419c-918e-37059627cd92.pdf

Tennessee:
http://news.tnanytime.org/ehealth/documents/StateofTennesseeHealthInformationExchangeStrategicPlan-v.pdf.

South Carolina:
http://www.scdhhs.gov/HIT

b) Integrate new sources of medication history data that arise, such as hospitals, outpatient surgical/treatment centers, mental health centers, Veterans Affairs and military health centers, etc.

c) Interface with public health registries and transfer sensitive data to State agencies

d) Interface with EHRs; please describe which EHRs (including which version) you can connect to and note those you are currently connected to in the State

e) Interface with retail pharmacies; please list the pharmacies to which you are currently connected the State and whether each one is part of a chain or is independent

f) Interface with other data sources that your firm believes would be beneficial, including but not limited to those identified under D.1.

**D.3.    Barriers to Adoption and State Assistance**

Given the complexity of implementing an enterprise medication management solution, the States recognize that there are many potential barriers to adoption.  The State is interested to understand what barriers your firm sees, how you might address them, and what actions the State can take to remove or mitigate them.

RFI Inquiry 17 (State-Specific): Please discuss what specific barriers may impede the development and adoption of an enterprise medication management solution as well as how you would (or other entities should – i.e. data sources, vendors, medical providers, pharmacies, etc.) address these barriers.  Also, discuss what actions the State could take to remove or mitigate these barriers.  Possible actions by the State could include statutory/regulatory changes, fees, incentives, support, selecting common vendors, etc.


**E.    INSTRUCTIONS FOR RESPONDING**

**E.1.    RFI Point of Contact**

All written questions and RFI responses should be sent to:

Eric Harkness
Project Manager
Office of eHealth Initiatives
Department of Finance and Administration
State of Tennessee
310 Great Circle Road
4th Floor, East Wing
Nashville, TN 37243
Phone: 615-507-6049
Fax: 615-532-2849
Email: eric.harkness@tn.gov

**E.2.    Submission Media**

To assist vendors in minimizing their costs in providing information on their medication management technologies and services, the States prefer that responses to this RFI be submitted either electronically to the point of contact's email listed in section E.1; or the vendor may submit information on CD to the point of contact's postal address.

**E.3.    Submission Format**

The total response to Section C should not exceed a total of 30 pages; the response should be formatted using Arial font, size 10, with no less than one inch margins.  Section D asks for a response for each state listed in this RFI.  Each state-specific response should not exceed three pages using the same formatting.  Vendors may submit references to online material and attach appendices to their response, but materials beyond the core response (Sections C and D) may not be read.

**E.4.    Solution Demonstrations**

In addition to written submissions, the State encourages vendors to demonstrate the use and capabilities of its available solution, preferably using a diabetes patient use case. The demonstration date / time will be coordinated with the vendor's point of contact provided in the RFI response and will be a webinar format so that multiple states may participate.

**E.5.    Vendor Questions**

If vendors have any questions regarding this RFI, they should submit questions in writing to the Tennessee Department of Finance and Administration (see E.1.) by 5:00 p.m. Central Time June 28, 2010.  The questions and responses will be posted on the OEHI website (http://www.tennesseeanytime.org/ehealth/) by 5:00 p.m. Central Time on July 1, 2010.

**E.6.    Deadline for Submission**

Please provide your responses by 5:00 p.m. Central Time on July 12, 2010 (electronically or by snail mail).  With your responses, please indicate whether you would like to provide a demonstration to the States.

**Appendix.  Participating States and Lead Representatives.**

**Alabama**
Carol H. Steckel, MPH
Commissioner
Alabama Medicaid Agency

**California**
Jonah Frohlich
Deputy Secretary of Health Information Technology
California Health and Human Service Agency

**Colorado**
Lauren Plunkett
HIT Coordinator

**Georgia**
Ruth Carr
HIT Coordinator

**Maine**
Devore S. Culver
Executive Director
HealthInfoNet

**Missouri**
George L. Oestreich, PharmD, MPA
Deputy Division Director-Clinical Services
MO HealthNet Division, Dept. of Social Services
Project Director, MO-HITECH, Dept. of Social Services

**New York**
David Whitlinger
Executive Director
New York eHealth Collaborative

**North Carolina**
Steve Cline, DDS, MPH
Assistant Secretary for Health Information Technology
Department of Health and Human Services

**Tennessee**
M.D. Goetz
Commissioner
Department of Finance and Administration

Will Rice
Executive Director
Office of eHealth Initiatives

George Beckett
HIT Coordinator

**South Carolina**
Emma Forkner, Director
Department of Health and Human Services